PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as mindated unless corrected below or directed otherwise in Block I, by dispectifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

7500 02/11/2009

CUSTOMER NUMBER 22850

Certificate of Mailing or Transmission

2.C.I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPIO (571) 273-2885, on the date indicated below. (Depositor's name

			(Signature)			
					(Date)	
CATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
				·		

			L_			(Date		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/565,595 TITLE OF INVENTION	06/29/2006 HETERO TYPE PEN	FAMER RECOMBINAN	Takeshi Arakawa T VACCINE		285137US0XPCT	2247		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$755	\$300	\$0	\$1055	05/11/2009		
EXAMINER		ART UNIT	CLASS-SUBCLASS	1				
MOSHER, MARY		1648	424-197110	,				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SH22) attached. The Address' indication (or "Fee Address' Indication form PTO/SH47; Rev 03-02 or mice recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list 1,0 blann, of up to 3 registered patent attorneys or agents OR, alternatively, 1,0 blann, Spilvak, or agents OR, alternatively, 1,0 blann, 1					
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI 1) ADVANCE INSTITU 2) UNIVERS	less an assignee is ident th in 37 CFR 3.11. Comp GNEE D MEDICAL B JTE CO. LTI SITY OF THE	ified below, no assignee pletion of this form is NO IOLOGICAL So	(B) RESIDENCE: (CITY CIENCE	atent. If an assigned assignment. and STATE OR C 1) Nanjo- 2) Nakaga	ce is identified below, the concepts of the co	N _		
4a. The following fee(s) are submitted: ☑ Issue Fee ☑ Description: ☐ Advance Order • # of Copies			 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed ☑ A brecht is produced and Transmitted via EFS-Web. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment. to Depoid Account Number 1.5 – 100.3 (enclose an extra copy of this form). 					
	s SMALL ENTITY state	as. See 37 CFR 1.27.			L ENTITY status. See 37 C			
NOTE: The Issue Fee an interest as shown by the Authorized Signature	Suff	zeh	d from anyone other than to	Date	MAY 0 # 20	na		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.4. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and in the confidential of the confide

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.